

## Revised Council of State and Territorial Epidemiologists Position Statement

### **03-ID-11**

#### **Committee: Infectious Disease**

#### **Title: Guidelines for Verification and Reporting of Designated Low Incidence and Internationally Quarantinable Diseases to the National Notifiable Diseases Surveillance System (NNDSS).**

**The revisions were reviewed accepted as an interim position statement by CSTE Executive Committee on October 22, 2004.**

#### **Statement of the Problem:**

In 2000, CSTE approved position statement 2000 ID #5, "National Reporting of Notifiable Disease to Reflect Cases Reported by States and Territories" which recommended that NNDSS must include only cases reported by state and territorial health departments that meet national case definitions. One issue that was not addressed in the position statement was the need for verification of case reports, especially for low incidence and internationally quarantinable diseases. Following CSTE position statement 2000 ID #5 without consistent confirmation by a State Epidemiologist (to insure that the report is accurate and not a result of case misclassification or a data entry error) or the appropriate CDC program (to ensure that the CSTE national case definition is met) has resulted in inaccurate provisional case reporting in the weekly *Morbidity and Mortality Weekly Report (MMWR)* and by the World Health Organization (WHO), respectively.

CSTE seeks to clarify the NNDSS practices with regard to:

- NNDSS provisional case reporting for designated low incidence (i.e., anthrax, congenital rubella syndrome, diphtheria, hantavirus pulmonary syndrome, human rabies, poliomyelitis, Severe Acute Respiratory Syndrome-associated Coronavirus disease, smallpox, vancomycin-intermediate *Staphylococcus aureus*, vancomycin-resistant *Staphylococcus aureus*) and internationally quarantinable (cholera, plague, and yellow fever) diseases, and
- Guidelines for *Morbidity and Mortality Weekly Report (MMWR)* publication criteria for those diseases.

#### **Statement of the desired action to be taken:**

CSTE recommends that CDC verify provisional case reports of designated low incidence diseases with a State Epidemiologist or the appropriate CDC Program Office prior to MMWR publication, as

described below:

**Anthrax** - CDC will verify incoming cases by consulting a State Epidemiologist. Provisional case reports **will be withheld** from publication pending CDC Program Office (i.e., National Center for Infectious Disease [NCID]) confirmation.

**Poliomyelitis** - CDC Program Office (i.e., National Immunization Program [NIP]) will verify case reports based on an expert panel review. Any case report of polio **will be withheld** from publication pending receipt of NIP expert panel review verification.

**Congenital Rubella, Diphtheria, Hantavirus & Human Rabies** - CDC staff will verify cases via consultation with a State Epidemiologist; cases **will be released** to print in the MMWR upon such verification .

**Internationally quarantinable diseases cholera, plague, and yellow fever--** CDC will verify provisional case reports via consultation with a State Epidemiologist and **will be withheld** from MMWR publication pending CDC Program Office confirmation.

**Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease --** CDC will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from MMWR publication pending NCID confirmation.

**Smallpox** – CDC staff will verify provisional case reports via consultation with a State Epidemiologist; cases will be withheld from MMWR publication pending CDC Program Office confirmation (NIP).

**Vancomycin-intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant *Staphylococcus aureus* (VRSA)** – CDC will verify cases via consultation with State Epidemiologist; cases will be withheld from publication in the MMWR pending confirmation with the CDC Program Office (NCID).

### **Background and Justification:**

Due to the critical need for appropriate public health response to case reports of low incidence and internationally quarantinable diseases, there is a growing need for State Epidemiologists and CDC to verify provisional case reports to NNDSS prior to releasing this information to the public.

Provisional case reports of these designated rare diseases are considered sentinel events and may require special follow-up or case management and therefore should be confirmed prior to MMWR publication. Additionally, CDC has an obligation to accurately report certain low incidence disease reports (cholera,

plague, yellow fever) to the WHO in accordance with the International Health Regulations. Recently, WHO has incorrectly reported annual cholera incidence data as a result of reviewing provisional data in the weekly *MMWR*. Moreover, paralytic poliomyelitis case reports are reviewed by an expert panel and case verification is often delayed for months following the initial provisional report. Therefore, this recommendation seeks: •

- to specify protocols that CDC and state health departments should follow to ensure that the quality of provisional incidence data reported to the NNDSS is maintained and improved and •
- to standardize MMWR reporting protocols for those data.

**Table: Procedures for Verification and Reporting of Designated Low Incidence and Internationally Quarantinable Diseases to the National Notifiable Diseases Surveillance System (NNDSS)**

<b>Notifiable Condition</b>	<b>Case Status to be reported</b>	<b>Verify reported NNDSS data with State Epidemiologist prior to addition to NNDSS?</b>	<b>Release provisional data for MMWR publication?</b>
Anthrax	All reports	Yes	Following CDC Program (NCID) verification
Cholera	All reports	Yes	Following CDC Program (NCID) verification
Diphtheria	Confirmed, Probable, Unknown	Yes	Following State Epidemiologist verification
Hantavirus Pulmonary Syndrome	All reports	Yes	Following State Epidemiologist verification
Plague	All reports	Yes	Following CDC Program (NCID) verification
Poliomyelitis	Classified by expert NIP-sponsored panel	No	Following CDC Program's expert panel (NIP) verification
Rabies, human	All reports	Yes	Following State Epidemiologist verification
Rubella, congenital syndrome	Confirmed, Probable, Unknown	Yes	Following State Epidemiologist verification
SARS-CoV	Confirmed, Probable	Yes	Following State Epidemiologist verification and CDC Program (NCID) confirmation
Smallpox (post-event surveillance)	Confirmed, Probable	Yes	Following State Epidemiologist verification and CDC Program (NIP) confirmation
VISA or VRSA	Confirmed	yes	Following State Epidemiologist verification and CDC Program (NCID) confirmation
Yellow fever	All reports	yes	Following CDC Program (NCID) verification

**Agencies for Information:**

Richard Hopkins, MD  
Centers for Disease Control and Prevention  
Director, Division of Public Health Surveillance and Informatics  
1600 Clifton Road, Mail Stop E-91  
Atlanta, GA 30333  
Telephone: (404) 498-6150 Fax: (404) 498-6225 E-mail: [rhopkins@cdc.gov](mailto:rhopkins@cdc.gov)

**Agencies for Response:**

James Marks, MD, MPH  
Centers for Disease Control and Prevention  
Acting Director, Coordinating Center for Health Information and Service  
Mailstop K-85  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3717  
Telephone: (770) 488-8320 Fax: (770) 488-8488 E-mail: [jsm1@cdc.gov](mailto:jsm1@cdc.gov)

James Hughes, MD  
Centers for Disease Control and Prevention  
Director, National Center for Infectious Disease  
1600 Clifton Road NE, Mailstop C-12, Atlanta GA 30333  
Telephone: (404) 639-3401 Fax: (404) 639-3039 Email: [jhughes@cdc.gov](mailto:jhughes@cdc.gov)

Steven Cochi, MD, MPH  
Centers for Disease Control and Prevention  
Acting Director, National Immunization Program  
1600 Clifton Road, NE Mailstop E05 Atlanta, GA 30333  
Telephone: (404) 639-8200 Fax: (404) 638-5400 Email: [slc1@cdc.gov](mailto:slc1@cdc.gov)

**Author:**

Christine Hahn, MD State Epidemiologist  
Idaho Department of Health and Welfare Office of Epidemiology 450 W. State St.  
Boise, ID 83720-0036 Telephone: (208) 334-5939 Fax: (208) 332-7307 Email:  
[hahnc@idhw.state.id.us](mailto:hahnc@idhw.state.id.us)

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